

FROM

(WED) SEP 1 2004 13:00/ST. 12:59/No. 6833031131 P 1

RECEIVED
CENTRAL FAX CENTER

SEP 01 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Applicant: John E. Schommer)	Art Unit: 3752
)	
Serial No.: 09/901,155)	Examiner: Kim
)	
Filed: July 10, 2001)	1118.002
)	
For: WATERBROOM)	September 1, 2004
)	750 B Street, Suite 3120
CUSTOMER NO. 24955)	San Diego, CA 92101
)	

Commissioner for Patents
Alexandria, VA 22313

TRANSMITTAL LETTER FOR REVOCATION POWER OF ATTORNEY

Dear Sir:

Enclosed herewith is the following:

1. Revocation of Power of Attorney and Change of Correspondence Address Form, 1 page signed, 1 page unsigned for clarity purposes.

BEST AVAILABLE COPY

FROM

FROM

(WED) SEP 1 2004 13:00/ST. 12:59/No. 6833031131 P 2

(WED) SEP 1 2004 12:45/ST. 12:45/No. 6833031130 P 1

PTO/SB/62 (2-8-00)

Approved for use through 11/30/2005, OMB 055 (1-0013)
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/01.155
Filing Date	07/12/2001
First Named Inventor	Schommer
Art Unit	3702
Examiner Name	Christopher S. Kim
Attorney Docket Number	1116.002

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

24855

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

24855

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66)

SIGNATURE of Applicant or Assignee of Record

Name

John E. Schommer

Signature

Date

September 1, 2004

Telephone

760-762-0944

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is provided, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is in the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1458, Alexandria, VA 22313-1458. DO NOT SEND FEE OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1458, Alexandria, VA 22313-1458.

If you need assistance in completing the form, call 1-800-PTO-9198 and select option 2.

RECEIVED
CENTRAL FAX CENTER

SEP 01 2004

PTO/SB/82 (09-03)

Approved for use through 11/30/2005, OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/001,155
Filing Date	07/10/2001
First Named Inventor	Schommer
Art Unit	3752
Examiner Name	Christopher S. Kim
Attorney Docket Number	1118.002

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

24955

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

24955

RECEIVED
CENTRAL FAX CENTER

SEP 01 2004

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name John E. Schommer

Signature

Date September 1, 2004

Telephone 760-752-9944

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☒ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.